



DEPARTMENT OF THE NAVY
NAVY RECRUITING COMMAND
5722 INTEGRITY DR.
MILLINGTON, TN 38054-5057

COMNAVCRUITCOMINST 5213.1H
002SD
25 Aug 2009

COMNAVCRUITCOM INSTRUCTION 5213.1H

From: Commander, Navy Recruiting Command

Subj: NAVY RECRUITING COMMAND FORMS MANAGEMENT

Ref: (a) SECNAV M-5213.1
(b) DoDI 7750.07

Encl: (1) OPNAV 5213/19 (Rev 2-93) Request for New or Revised
Forms
(2) OPNAV 5213/29 (Rev 2-08) Forms Review
(3) OPNAV 5213/18 (Rev 8-92) Forms Register

1. Purpose. To clarify procedures, contained in references (a) and (b), for forms management within Navy Recruiting Command (NAVCRUITCOM).

2. Cancellation. COMNAVCRUITCOMINST 5213.1G. Due to numerous changes, marginal notations are not included. This directive needs to be read in its entirety.

3. Objectives. The NAVCRUITCOM Forms Management Program (FMP) exists to ensure economical and efficient management of NAVCRUITCOM forms. The objectives of the NAVCRUITCOM FMP are:

a. To ensure that forms already available through the Department of the Navy forms program are not duplicated by NAVCRUITCOM.

b. To ensure that necessary and required forms are developed to permit maximum contribution to the operation of NAVCRUITCOM.

c. To eliminate redundant or unnecessary NAVCRUITCOM forms and consolidate forms when feasible.

d. To provide design, review, and analysis of all new or revised forms.

e. To ensure that all NAVCRUITCOM forms are prescribed by applicable NAVCRUITCOM directives.

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f. To annually review and identify opportunities for standardization, eliminate duplicate or unnecessary forms, and improve the effectiveness of NAVCRUITCOM forms.

g. To provide liaison between NAVCRUITCOM headquarters and field activities.

h. To prevent unauthorized disclosure of "FOR OFFICIAL USE ONLY (FOUO)" information recorded on forms by providing proper marking.

i. To ensure Privacy Act Statements are included on forms used to collect personal information from an individual. (Information about an individual that is intimate or private to the individual; e.g., home address, date of birth, age, or social security number, as distinguished from information related solely to the individual's official functions or public life.)

j. To obtain clearance from the Office of Management and Budget for public use forms. These are forms requiring information from 10 or more persons not employed by the Federal Government. The specific requirements for processing this type of form are contained in reference (a), pages 26 and 27.

4. Definitions and Use

a. Form. Any document printed or otherwise reproduced, manually or electronically, with space for collecting information. The Command Forms Manager (002SD) will make final determination as to whether or not a document is a form.

b. Bootleg Form. An uncontrolled form issued without clearance from the Command Forms Manager. **Bootleg forms are not authorized.**

c. One-Time Form. Developed for a specific project with an established termination date.

d. Originator. The NAVCRUITCOM code responsible for the form submits information to the Command Forms Manager for form origination, revision or cancellation.

e. Command Forms Manager Approval. All official NAVCRUITCOM forms used internally or externally must be approved by the Command Forms Manager, assigned a NAVCRUIT form number, and supported by a directive. The form will be entered into the NAVCRUITCOM Forms Management System to alert all users of its existence, purpose, and manner of completion.

f. Exceptions. Documents such as form letters, formats, and checklists are not considered forms and do not fall into the above guidelines.

5. Electronic/Automated Forms. Forms created or reproduced on electronic or automated equipment.

a. All NAVCRUITCOM forms are designed primarily in Adobe 'PDF' or in rare occasions, Microsoft 'Word'.

b. The Command Forms Manager has sole authority to use approved form design software. Therefore, individuals desiring to create new or revised forms must consult the Command Forms Manager after obtaining approval from their chain of command.

c. NAVCRUIT forms submitted to the Command Forms Manager must not be password protected. This enables the Forms Manager to make corrections or revisions to the form.

d. End-users of the Adobe PDF forms will have the capability to retrieve, fill in, and print electronic forms via the NAVCRUITCOM Forms Library located at: <http://www.cnrc.navy.mil/Publications/forms.htm> if they have Adobe 8.0. Contact NAVCRUITCOM N6 for assistance in saving the information captured on a particular form.

6. Form Identification

a. Prefix. "NAVCRUIT" is the only approved prefix for all forms originated by the NAVCRUITCOM Headquarters. Field activities will develop their own prefixes or continue to use current prefixes. Field activities will not use the "NAVCRUIT" prefix.

b. Form Number. The NAVCRUITCOM Forms Manager assigns all form numbers. In order to reduce duplication, please contact the Forms Manager prior to requesting a new NAVCRUIT form.

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c. Office of Management and Budget (OMB). Reference (a) requires that forms used to collect information from 10 or more persons (not employed by the Federal Government), require OMB approval. The Forms Manager will assist in preparing the correct request and justification to obtain OMB form approval. These forms will have two form numbers:

- (1) The NAVCRUIT form number and,
- (2) The OMB number and expiration date.

7. Responsibilities

a. The NAVCRUITCOM Forms Management Program has been delegated to the Head, Management Service Division (002SD). All NAVCRUIT forms must have the approval of the Forms Manager.

b. Navy Recruiting Regions and Districts shall appoint a Forms Manager within their Administration Departments.

c. Forms Manager

(1) Prior to approving a new form, ensure OPNAV 5213/19 is completed per reference (a).

(2) Design or revise electronic forms using Adobe LiveCycle Designer.

(3) Region Forms Managers will ensure that NAVCRUITDISTs comply with references (a) and (b).

(4) If a form can be used throughout NAVCRUITCOM, the proposed form should be forwarded to the Head, Management Services (002SD) for consideration.

(5) All Forms Managers will:

(a) Ensure compliance with references (a) and (b).

(b) Review requests for all new and revised NAVCRUIT forms and related procedures.

(c) Conduct annual forms reviews to determine continuing need, duplication, revision, improvement, or elimination.

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d. NAVCRUITCOM Headquarters Forms Manager

(1) Obtains clearances needed from OMB for public use forms.

(2) Designs new or revised NAVCRUIT forms.

(3) Coordinates and performs all administrative functions required to make NAVCRUIT forms accessible electronically.

(4) Issues an annual listing of the NAVCRUITCOM forms located at www.cnrc.navy.mil/Publications/forms.htm.

e. Form Originator

(1) Shall submit an OPNAV 5213/19 and a copy of the proposed form to the Head, Management Services Division (002SD) for approval.

(2) No form originated by NAVCRUITCOM headquarters will be used by NAVCRUITCOM field activities until approved by 002SD.

8. Annual Forms Review. Originators or sponsors of NAVCRUIT forms will ensure timely response to the request for an annual forms review. NAVCRUITCOM headquarters personnel will provide a completed OPNAV 5213/29 when requested by the Command Forms Manager.

9. Stocking. All NAVCRUITCOM forms are available at <http://www.cnrc.navy.mil/Publications/forms.htm>.

10. Technical Assistance. The NAVCRUITCOM Forms Manager is located in the Management Services section of the Secretariat and should be contacted prior to the inception of any new or revised NAVCRUIT forms project. Email address: kenneth.saxion@navy.mil; telephone: Commercial (901)874-9045 or DSN 882-0945.

11. Action. NAVCRUITCOM staff will comply with the provisions of references (a) and (b), and this instruction when originating, revision, or cancelling any NAVCRUIT form.

12. Forms. The following forms are located at
<http://www.cnrc.navy.mil/Publications/forms.htm>:

- a. OPNAV 5213/19 (Rev 2-93), Request for New or Revised Form
- b. OPNAV 5213/29 (Rev 2-08), Forms Review
- c. OPNAV 5213/18 (Rev 8-92), Forms Register

/s/
R. R. Braun

Distribution:
Electronic only, via
<http://www.cnrc.navy.mil/Publications/forms.htm>

REQUEST FOR NEW OR REVISED FORM		1. DATE OF REQUEST	2. FORM NO. (If revision)
		3. DATE OF FORM REQUIRED	4. SSIC
5. TITLE OF FORM		6. REQUIRING DIRECTIVE (Attach copy)	
7. PURPOSE OF FORM			
8. REPORTS CONTROL SYMBOL, IF APPLICABLE		9. CANCELLED FORMS, IF ANY	
10. NUMBER OF USING ACTIVITY		11. ANNUAL USAGE	
12. UNITS OF ISSUE: (Check all that apply)			
PACKAGE OF _____ PAD OF _____ BOX OF _____ EACH _____ OTHER _____			
13. IS FORM TO BE USED IN AN AUTOMATED SYSTEM? YES <input type="checkbox"/> NO <input type="checkbox"/> IF YES PLEASE IDENTIFY SYSTEM IN REMARKS SECTION			
14. IS A PRIVACY ACT STATEMENT REQUIRED ON FORM? YES <input type="checkbox"/> NO <input type="checkbox"/> (FORMS REQUESTING SOCIAL SECURITY NUMBERS MUST HAVE A PRIVACY ACT STATEMENT.) IF YES, HAS THE COMMAND'S PRIVACY ACT MANAGER APPROVED THE PRIVACY ACT STATEMENT? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, OBTAIN APPROVAL.			
15. HAS THE FORMS BLOCK HEADING BEEN APPROVED BY THE COMMAND'S DATA ELEMENTS MANAGER? YES <input type="checkbox"/> NO <input type="checkbox"/> IF NO, OBTAIN APPROVAL			
16. IF THE FORM CONTAINS A MAILING ADDRESS HAS THE ADDRESS BEEN APPROVED BY THE COMMANDS' MAIL MANAGER? IF NO, OBTAIN APPROVAL <input type="checkbox"/> YES <input type="checkbox"/> NO <input type="checkbox"/> N/A			
17. REMARKS			
18. ORIGINATOR	a. NAME, RANK AND TITLE OF ACTION OFFICER		b. OFFICE CODE
	c. SIGNATURE OF ACTION OFFICER		d. COMPLETE PHONE NUMBER
19. FORMS MANAGEMENT ACTION	a. <input type="checkbox"/> APPROVED <input type="checkbox"/> DISAPPROVED	b. SIGNATURE OF FORMS MANAGER	c. DATE

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FORMS REVIEW		DATE FORM COMPLETED: _____																																	
<p style="text-align: center;">When form is completed please send to DON Forms Manager at OPNAV.DONFORMS.DNS51@navy.mil</p>																																			
Form Number and Revision Date: _____	Requiring Directive: _____ <small>(If more than one requiring directive list additional directives in remarks)</small>																																		
1. IS THE FORM STILL USED? <input type="checkbox"/> YES <input type="checkbox"/> NO																																			
<p>1A. CANCELLATION INFORMATION (if form needs to be cancelled please fill in DD 67 Form Processing Action Request. DD 67 can be downloaded from http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm. Return both the OPNAV 5213/29 Forms Review and the DD 67 to the DON Forms Manager OPNAV.DONFORMS.DNS51@navy.mil .</p> <p>IF FORM IS CANCELLED WHAT IS THE CANCELLATION AUTHORITY:</p> <p>IF FORM IS CANCELLED WHAT IS THE REASON FOR CANCELLATION:</p> <p>(AFTER COMPLETING SECTION 1A (IF FORM IS CANCELLED) PROCEED SECTION 3 BELOW.)</p>																																			
<p>1B. FORM INFORMATION: (if form needs to be revised please fill in DD 67 Form Processing Action Request. DD 67 can be downloaded from http://www.dtic.mil/whs/directives/infomgt/forms/formsprogram.htm. Return both the OPNAV 5213/29 Forms Review and the DD 67 to the DON Forms Manager OPNAV.DONFORMS.DNS51@navy.mil .</p> <table style="width: 100%;"> <tr> <td style="width: 60%;">DO YOU CONTEMPLATE REVISING THIS FORM WITHIN THE NEXT YEAR?</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> YES</td> <td style="width: 20%; text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>DO YOU CONTEMPLATE CANCELLING THIS FORM WITHIN THE NEXT YEAR?</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>IS THIS FORM ELECTRONIC?</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>IF FORM IS NOT ELECTRONIC, COULD IT BE?</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>IF FORM IS NOT ELECTRONIC, IS IT STOCK AT DAPS?</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>IF PAPER FORM NOT STOCKED AT DAPS, WHERE IS FORM LOCATED?</td> <td colspan="2" style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>IF PAPER FORM IS REVISED OR CANCELLED, SHOULD EXISTING STOCK BE USED UNTIL EXHAUSTED?</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>IS THIS FORM PART OF AN AUTOMATED SYSTEM?</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>IF YES, PLEASE NAME THE AUTOMATED SYSTEM FORM IS PART OF.</td> <td colspan="2" style="border-bottom: 1px solid black;"></td> </tr> <tr> <td>DOES THIS FORM CONTAIN A SOCIAL SECURITY FIELD?</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> <tr> <td>DOES THIS FORM CONTAIN A PRIVACY ACT STATEMENT?</td> <td style="text-align: center;"><input type="checkbox"/> YES</td> <td style="text-align: center;"><input type="checkbox"/> NO</td> </tr> </table>			DO YOU CONTEMPLATE REVISING THIS FORM WITHIN THE NEXT YEAR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DO YOU CONTEMPLATE CANCELLING THIS FORM WITHIN THE NEXT YEAR?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IS THIS FORM ELECTRONIC?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF FORM IS NOT ELECTRONIC, COULD IT BE?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF FORM IS NOT ELECTRONIC, IS IT STOCK AT DAPS?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF PAPER FORM NOT STOCKED AT DAPS, WHERE IS FORM LOCATED?			IF PAPER FORM IS REVISED OR CANCELLED, SHOULD EXISTING STOCK BE USED UNTIL EXHAUSTED?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IS THIS FORM PART OF AN AUTOMATED SYSTEM?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	IF YES, PLEASE NAME THE AUTOMATED SYSTEM FORM IS PART OF.			DOES THIS FORM CONTAIN A SOCIAL SECURITY FIELD?	<input type="checkbox"/> YES	<input type="checkbox"/> NO	DOES THIS FORM CONTAIN A PRIVACY ACT STATEMENT?	<input type="checkbox"/> YES	<input type="checkbox"/> NO
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2. REMARKS (IF ANY)																																			
3. FORM SPONSOR INFORMATION: <table style="width: 100%; border: none;"> <tr> <td style="width: 50%; border: none; vertical-align: top;"> SPONSOR NAME, CODE, MAILING ADDRESS </td> <td style="width: 50%; border: none; vertical-align: top;"> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">SPONSOR'S PHONE NUMBER INCLUDING AREA CODE</td> </tr> <tr> <td style="padding: 5px;">SPONSOR'S EMAIL ADDRESS</td> </tr> </table> </td> </tr> </table>			SPONSOR NAME, CODE, MAILING ADDRESS 	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="padding: 5px;">SPONSOR'S PHONE NUMBER INCLUDING AREA CODE</td> </tr> <tr> <td style="padding: 5px;">SPONSOR'S EMAIL ADDRESS</td> </tr> </table>	SPONSOR'S PHONE NUMBER INCLUDING AREA CODE	SPONSOR'S EMAIL ADDRESS																													
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OPNAV 5213/29 (Rev. JAN 2008)

Enclosure (2)

OPNAVIST 5213.1B

FORMS REGISTER		1. ACTIVITY NAME	2. DATE 06 Sep 2009	
3. FORM NUMBER	4. EDITION DATE	5. TITLE	6. ORIGINATOR CODE	7. AUTHORIZING DOCUMENT